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| & 7 | raperwork Reduct | ion Act of 1995, i | no person | are required to respo | | | | ys a vali |
|---|---------------------------------|---------------------------------|----------------------|--|----------------|--------------------------|--|----------------------------|
| FIFECTIVE on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 | | | | Complete if Known Application Number 09/934249-Conf. #6506 | | | | |
| | | | | Application Number Filing Date | | August 21, 2001 | | |
| | | | | First Named Inventor | | Richard T. Lee | | |
| | | | | Examiner Name | | Z. Lucas | | |
| | | | | Art Unit | | 1648 | | |
| TOTAL AMOUNT OF PA | YMENT | (\$) 910.00 | - | Attorney Docket | No. F | 0738.70001 | US00 | |
| METHOD OF PAYME | NT (check all ti | nat apply) | | • | | • | | |
| x Check Credit | Card M | Ioney Order | No | ne Other (| please identii | fy): | | |
| X Deposit Account De | posit Account Numb | er: <u>23/2825</u> (| Deposit Acc | count Name: | | • • • | | |
| For the above-ide | ntified deposit a | ccount, the D | irector is | hereby authorize | ed to: (check | call that apply |) | |
| Charge fee(| s) indicated bel | ow | | Charg | e fee(s) indi | cated below, e | xcept for t | ne filin |
| | additional fee(s | | ment of | x Credit | any overpay | yments | | |
| FEE CALCULATION | r 37 CFR 1.16 | and 1.17 | | | | · | | |
| 1. BASIC FILING, SEARC | H. AND EXAM | INATION FE | ES. | | | | | |
| | | G FEES | | ARCH FEES | EXAMIN | ATION FEES | ; | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$ | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Face I | aid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 1 663 1 | alu (#) |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee I | | | | Paid (\$) | | Itiple Depend | 50 200 360 ent Claims Fee Paid (\$ | : 10 1: 2) |
| Indep. Claims Extr | a Claims F | ee (\$) | Fee I | Paid (\$) | | | | _ |
| | Irawings exceed 1.52(e)), the a | application sizes.S.C. 41(a)(1) | ze fee du (G) and | ie is \$250 (\$125 i | for small en | for each a | additional 5 | 0 Paid (\$ |
| 4. OTHER FEE(S) | | | | | | | Fees | Paid (\$ |
| Non-English Specification Other (e.g., late filing a | tion, \$130 fee | e (no small en | tity disc | ount) sponse within fi | rst month | | 12 | 0.00 |
| Other (e.g., late filing | Surcharge): 12 | 01 Request | for con | tinued examina | tion (RCE) | (see 37 | | 0.00 |
| SUBMITTED BY | | \ | -(: | Registration No. | 50.040 | T | (047) 0 | 0.000 |
| Signature Janua . Hassand | | | | (Attorney/Agent) | 52,318 | Telephone | (617) 64 | |
| Name (Print/Type) Janice | A. Vatland, Ph | n.D. | | | | Date | December | 22, 20 |
| I hereby certify that this pap the date shown below with s Box 1450, Alexandria, VA 2 | sufficient postage | paper referred | to as bei | | osed) is being | | | |